

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NU	76534	08-2-00
O.I.P.E. CLASSIFIER	✓		8-5-00
FORMALITY REVIEW	HS.	545	9-14-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	08/24/00
2	✓	✓	08/24/00
3	✓	✓	08/24/00
4	✓	✓	08/24/00
5	✓	✓	08/24/00
6	✓	✓	08/24/00
7	✓	✓	08/24/00
8	✓	✓	08/24/00
9	✓	✓	08/24/00
10	✓	✓	08/24/00
11	✓	✓	08/24/00
12	✓	✓	08/24/00
13	✓	✓	08/24/00
14	✓	✓	08/24/00
15	✓	✓	08/24/00
16	✓	✓	08/24/00
17	✓	✓	08/24/00
18	✓	✓	08/24/00
19	✓	✓	08/24/00
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25	✓	✓	08/24/00
26	✓	✓	08/24/00
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28	✓	✓	08/24/00
29	✓	✓	08/24/00
30	✓	✓	08/24/00
31	✓	✓	08/24/00
32	✓	✓	08/24/00
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42	✓	✓	08/24/00
43	✓	✓	08/24/00
44	✓	✓	08/24/00
45	✓	✓	08/24/00
46	✓	✓	08/24/00
47	✓	✓	08/24/00
48	✓	✓	08/24/00
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

BEST AV